	pr v		ı	Please read in	nstructions befo	ne completi	ng and for Not	ice regarding (oublic burden	.]						
SECTION 1 - General Information		1		•												
1. Name and Mailing Address of F	Respondent															
Sky Hi Communications, Inc. 101 n. 10th St. Lafayette, IN 47901													Check here if this is a change of address.			
2. Year Report Filed 2017		Period Co	overed by Re	ing Date of Pa port) , 201		e l	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)									
SECTION II - Full-Time Employe	es.															
,		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories		io oine					ic or Latino	1009								
	L	onita			Ma	ale		{							Columns A - N	
	Male	Female	White	Black or African American	Native Haviæan or Other Pacaic	nelaA	American Indian or Alaska Native	Two or more races	Whale	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	A	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Lovel Officials and Managers	1												1 1		0	
FirstMid-Level Officials and 1.	2								, a						0	
Professionals	2														0	
Technicians	3					×									0	
Sales Workers	4														0	
Administrative Support Workers	5		1	2 (a)											0	
Craft Workers	6								D.						0	
Operatives	7		N						, .					1	0	
Laborers and Helpers	8										6				0	
Service Workers	9	P			. f	9		N 20	1					-	0	
TOTAL (0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	1										-				0	

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Job Categories		Rumber of Employees (Report employees in only one calegory)														
		Rece/Ethnicity														
		Нізра	uic oi					9	Not-Hispan	cor Letino						Total
		Latino		Male							Female					
		₩ale	Female	Vihite	Biack of African American	Native Hawaiian or Other Pacific Islander	Asian	Americazi Indien or Alaska Native	Two or more races	Wide	Black or African American	Native Hewalian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or move	A-N
		A	В	С	D	E	F	G	Н		J	К	L	М	N	0
Executive/Senior Level Officials and Managers	.1															0
First/Mid-Level Officials and Managers	2										<i>i</i>					0
Professionals	2										<u> </u>					0
Techniciens	3															0
Sales Workers	4					00 P										0
Administrative Support Workers	5															0
Craft Workers	6				9.7				· X			-				0
Operatives	7			8												0
Laborers and Helpers	8															0
Service Workers	9	1														0
TOYAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11								į.				<i>\$</i>			0
SECTION IV - Report of Discre	minati	on Comp	plaints Pursu	ant to 47 CF	R 22.321, 23.	.55, 9D.168, 10	1.4, and 10	1.311.							3-	
This is to advise the company before an This is to advise the (Attach a list indice	e Com	mission to	ital no compla compatent juri	ints regardin sdiction in su	g violetiens al och metters da	the equal employed the calculus of the calculu	ployment pro der year covi	visions of Fed ered by this re	port. Invment cocs	dunity statu:	e have been li	led against this	s company.		g	
SECTION V - Certification I certify that to the best of my ki	nowled	oe. iπform	nation, and be	lief, all stater	nents in this r	eport are live a	and carrect.		*							
	Typed (DAVID M STEUENSON Signature David M Stevenson Telephone No. 765-474-377														
Title of Person Sigring					[WILLELE L	Y FALSE STA	TEMENTS IV	ADE ON THIS	PERMIT (47)	PUNISHABI U.S.C. 312 (E BY FINE AL A)(1) AND/OR	ND/OR IMPRIS FORFEITURE	SOMMENT (E (47 U.S.C.	18 U.S.C. 100 503)	1) AND/OR R	EVOCATION